

OFFICIAL

ATTACHMENT 3.1-B  
Supplement  
Page 4General

- a) Prior approval of the local professional director shall be required for medical care and services which are to be provided outside New York State, except in the following situations:
1. When it is customary for the inhabitants of the district generally to use medical care resources and facilities outside New York State.
  2. When out-of-state care was provided in an emergency.
- b) When a request subject to prior approval has been modified or denied in whole or in part because of disagreement with the proposed plan of treatment, recipients are notified that they may request a fair hearing.

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Effective date OCT. 1 1985

TN No. 85-30  
Supersedes  
TN No. 82-9

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE SERVICES PROVIDED TO THE MEDICALLY NEEDY

In addition to the limitations specified on pages 1 through 4 regarding services, the following limitations also apply to the noted services:

- 2a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual.
- 2b. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
- 2c.
- 2d.
3. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Laboratory Provider Manual. Such threshold requirements are applicable to specific provider service types including laboratories. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
5. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Physician Provider Manual. Such threshold requirements are applicable to specific provider service types including physicians, for services furnished in the office or patient's home. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

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- 12a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Pharmacy Provider Manual. Such threshold requirements are applicable to specific provider service types including pharmacy for prescription items and their refills, over the counter medications, and medical/surgical supplies dispensed by a community or outpatient pharmacy. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

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Supersedes TN New Effective Date JUL 1 1991

9. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
- 11a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
- 11b. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
- 11c. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

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